




Speech By
Sandy Bolton

MEMBER FOR NOOSA

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MATTERS OF PUBLIC INTEREST

Mental Health Services

 **Ms BOLTON** (Noosa—Ind) (2.36 pm): Our frontline workers, whether public sector staff, not-for-profits, support organisations or volunteers, continue to be overwhelmed in their daily roles. There is a recurring theme. In Noosa, violent incidents this year—one resulting in a fatality—involved individuals experiencing mental health issues who have been within the system. We have residents who portray themselves as being homeless yet who have social housing units nearby, one with an NDIS carer, without follow-through after hospitalisations or avenues to assist. This is creating angst in communities.

Our weekends are spent responding to Facebook tags and messages without breaking confidentiality, making calls to services that have no answers. Those sleeping rough who have been offered help refuse as they battle with mental health challenges, creating greater workloads for all as residents continue to report to numbers provided—over and over. We have non-verbal residents, who live with carers, becoming homeless due to complaints from neighbours about uncontrollable noise impacts. Being continually moved on, they do not have the stable home they need and deserve. Planning laws, which include group housing on acreage, do not keep up with these needs. Department of Housing complexes at times have at least one tenant with a mental health condition that severely impacts other tenants, creating further trauma. There is an increased workload as a result of complaints, with little to offer by way of solutions.

Statistics that are not public domain—and should be—would clearly indicate the increasing amount of time being spent by police in this space. They are already overloaded as a result of increases in domestic and family violence, with data again not being made publicly available. Attending to incidents relating to mental health and escorting patients or ensuring paramedics and mental health co-responders are kept safe at callouts contributes to the lack of visibility of policing, and that is adding to the concern of communities. This is, in effect, a hidden demand—even though it is not classified as such—and resourcing allocations must accommodate this. As our hospitals' mental health wards battle with an increasing number of Queenslanders who are involuntarily admitted or seeking assistance that cannot be provided, our emergency departments are the next stop for the release of those not meeting the criteria for admission, which causes further impacts to themselves, their families and communities.

Parents trying to access mental support for their teenagers is one of the most heartbreaking, as unless their teens want help no avenues appear available to assist until a major escalation with impacts that are devastating, including suicide. The fact that parents cannot access information about the status of their children who are admitted once they hit 16 years old is furthering the heartbreak, impacting the mental health of these parents.

Just last week the *Courier-Mail* reported the increase in abuse directed to Queensland MPs. However, unacknowledged is that our electorate staff are experiencing residents fixated on them—something once reserved for those of us elected—and this is impacting on their mental health. The

Queensland Fixated Threat Assessment Centre is an incredible resource. It is often able to arrange mental health assistance when all other avenues have failed. However, it is sad that these cases have to escalate to this level before receiving help.

Previous inquiries into youth crime have shown that many perpetrators are impacted by mental health issues, including fetal alcohol syndrome, unresolved childhood traumas and multiple comorbidities, leading to diminished capacity for their actions. I have written to the minister saying that much more needs to be done, including insuring more support and services are available after 4 pm on Fridays. Mental health does not operate to business hours and we urgently need localised co-responders in our communities with funding streams that can be accessed by volunteer organisations so they can provide in-person assistance at night and on weekends.

We have come a long way in removing the stigma surrounding our mental health and fitness. However, we need to address the reality being experienced. With outreach services not coping, support not easily accessible, particularly over weekends, and our frontliners overloaded, there are important conversations to be had. Many decades ago we replaced institutional care for those who cannot care for themselves with outreach support and independent living, which is failing for many. We need to look at what options can be developed to keep communities and those with mental health challenges safe. This is a conversation that needs to be had, as without it we are increasing the trauma through a domino effect instead of diminishing it.